The MEDICAL MISSIONARY

Madonna at the Mission Pavilion in the Colonial Exposition, Paris

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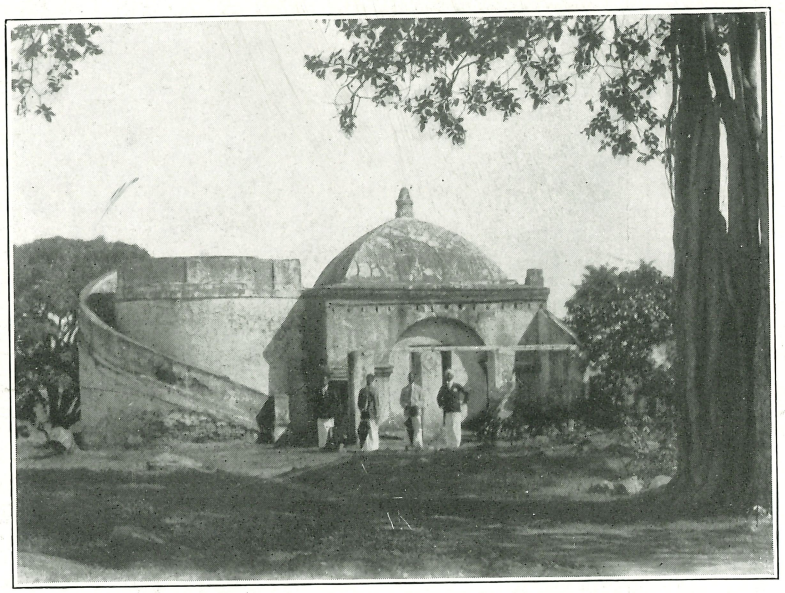
PASSING THE TIME AT MADRAS

By MARY NOLAN, M.D.

MADRAS for the passing tourist is a place of interest because it was the place where the British flag was first flown in India, and the French have left some land marks as well as the Portuguese so one can refresh one's historical knowledge very easily and pleasantly. The Britisher of today is reminded of his country's centuries-old relations with India. For the Catholic there is a much older connection. Was not the doubting Apostle Saint Thomas martyred there in 68 A. D.? His tomb in San Thome, Mylapore, can be seen and the sacristan of the cathedral gladly shows the spear said to have been used by the Hindu assailant of the Martyr.

As the ship takes in cargo one can spend a pleasant evening out at St. Thomas' Mount, which is a small hill about eight miles outside Madras City, in the middle of cantonments. The Mount and San Thome are still under Portuguese authority, that is ecclesiastically. A very long flight of steps leading to the summit of the Mount makes the ascent very easy, and in no way as tiring as the climb to Notre Dame de la Garde or to Montmartre. It is just as well they are not so steep, as the climate of Madras is not suited to violent exertion. Near the fort is St. Patrick's Church—strange how Saint Patrick looks after the British Army in India. I think he ought to hand the work over to St. George, now that there are no more Irish regiments. Having reached the top, one is surprised to find a convent of Franciscan Missionaries of Mary there. One of the Irish Sisters showed us the little church. It was half built by the Portuguese, and finished by the Armenians. The treasure of the church is the bleeding stone; it is the one on which Saint Thomas was kneeling when he was run through by a spear. There is an altar on the spot. This stone has not bled for centuries now. Next to the stone in importance comes the picture of Our Lady with the Divine Infant. It is said to have been painted by St. Luke and to have been brought to India by St. Thomas. It is good to think that there is daily Exposition of the Blessed Sacrament at this hollowed spot.



Watch Tower on St. Thomas' Mount, Madras

About two miles nearer to Madras is the Little Mount. This hill is also sacred to St. Thomas. Here is the cave where he lived; it is now covered by a church. It is called the Church of Our Lady of Health, and is the convent chapel for the community of the Indian Sisters of St. Francis.

Madras has about twelve convents in all, representing five congregations of sisters. There is a very big native Catholic population. I found in hospitals that the Madrasi people were the most fervent of the Indian Catholics. The Dufferin Hospital in Madras is very fine. The superintendent is a Madrasi, a member of my service, the Women's Medical Service for India. Her hospital is the one in which the famous Mary Scharlieb started her medical work, now many years ago. Catholic medical mission work as such does not exist there; the convents, in some cases, have small dispensaries for the very poor.

A PRAYER FOR FAITH

Thou Who of old didst love Thy Hand to lay
On the dull, vacant eye that craved for light,
Behold, I come to Thee and, crying, pray:
"O Christ, O Son of David, give me sight!
A Faith scarce clouded by the mists of earth,
A Faith that pierceth Heaven I ask of Thee,
Faith to prize all things by their lasting worth:
Thou canst, Thou wilt—O Lord, that I may see!"

—Mother Mary Loyola.

The MEDICAL MISSIONARY

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EDITORIALS

OCTOBER FEASTS

THE Feast of St. Luke, October 18, will again be observed as Medical Mission Day. A few years ago, the Catholic Medical Mission Board of New York instituted this day as a day of special prayer and sacrifice for Medical Missions. The demands for workers and supplies in this field of missionary endeavor have become more insistent than ever. From all quarters of the mission fields come urgent requests for the establishment of hospitals and other institutions for the care of the sick and suffering. To achieve our aim in establishing a vast network of Catholic hospitals all over the mission field requires the co-operation of our friends. All can unite with us in prayer and sacrifice on this day.

Prayer and sacrifice were the keynote of the life of another great saint of this month, the Little Flower, St. Teresa of the Child Jesus. She believed firmly in a law which regulates the reproduction of grace, which imparts to all our meritorious actions a transformation in the supernatural world and therefore she was happy in her hidden life working for the sanctification of souls. She wrote: "By our small hidden acts of charity we convert souls from afar, *we aid missionaries,* we gain for them abundant alms and thereby we construct spiritual and material dwellings for our Eucharistic Lord." She loved to devote herself to the aid of these apostles. Since the Church has made her the Patroness of Missionaries we may well believe that she continues to envelop with her benevolent protection these apostolic workers. Did she not promise that she would spend her heaven in doing good upon earth?

MISSIONARIES AND MORE MISSIONARIES

From an altogether unexpected source comes the demand for more missionaries. We have just received the reports and conclusions arrived at by the International Conference on African Children held in Geneva in June last. We regret that lack of space does not permit our giving our readers fuller details of these reports and conclusions. The questions discussed included a study of infant mortality from the pathological point of view, infant mortality from the social and economic point of view, education in regard to the preparation of children for life, and general conditions of work for children and adolescents and protection of children at work.

The Conference considers it necessary to develop the moral influence which can be exercised among the African people by *missionaries,* Government agents and others, as well as to extend the education given to future mothers through teachers, *nurses,* etc., for the good of children, and that voluntary associations, as well as individuals, whose aim is to be of help to African mothers and children, should be encouraged.

The Conference states that it is a matter of urgency to invite Governments, voluntary organizations, and even individuals, and especially Africans themselves, to secure a *greater number of men and women doctors* trained in tropical medicine, and to increase the staff of men and women *nurses, midwives, and health visitors.* The Conference also deems it highly necessary to study the best means of securing the closest contact between medical staffs and teachers, as well as all those who can exercise an educative influence with a view to intensifying the popularization of hygiene.

NUNS TO FOUND HOSPITAL IN THE ARCTIC

Four Grey Nuns, led by the Very Rev. Fr. Turquetil, O.M.I., Prefect Apostolic of the Esquimaux Missions, recently left Churchill, the terminus of the Hudson Bay Railway, to establish a hospital for the nomadic Esquimaux and fur trappers in the arctic region of Chesterfield Inlet.

From Churchill, the pioneer missionaries are traveling 500 miles in a 25-foot motor-boat along the rocky west coast of Hudson Bay.

The hospital will be the most northerly one in Canada. In addition to the care of the sick, the Sisters will give educational courses in hygiene to young Esquimaux.

The opening of the hospital will be the realization of an ambition which Fr. Turquetil has cherished for nearly twenty years.—*The Universe.*

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OUR HELP

By Dr. Joanna Lyons, S.C.M.M.

"HELP" is a much nicer word than "servants." Perhaps sometimes we feel that they are not so much help and could joyfully throw one or the other out over the compound wall, but these are but passing incidents or moods and the people who work for us here at the hospital are really a very decent lot. What they think of us would be interesting to know, but probably we do not represent in their eyes, flawless perfection.

They know a lot about us. Sometimes very amusing bits of information come to the surface about our customary ways of doing things, our food and what not. Nor is it considered especially "low down" (as they say in Missouri) to listen at doors or to stand with alert ears as close as possible to persons who seem to be holding a private conversation. Quite respectable people will open and read other person's letters apparently without a qualm, and afterwards admit doing so. It is a point of view, partly.

But to return to the servants. The cook is first in importance, surely. He is a Catholic and a Goan, which means he comes from Goa and is, so far as I can make out, a resultant of the mixture of Portuguese blood with Indian and a descendant of some of the first converts of St. Francis Xavier. The Goans are a very distinctive group in the Indian kaleidoscope of peoples. They are very good cooks and butlers, working usually in the families of officers and of the well-to-do, and on the liners that go to and from India.

Joseph and His Fellow-workers

Our cook is a short black man with curly hair and a turned up mustache that gives him a mildly piratical air. He is an artist in his lure, delighting in fancy pastries and decorated dishes. His talents are to a certain extent, wasted with us, for we are not "quality folks" with many visitors and teas and dinners to show off his skill. We pay him about half what a man of his ability can usually command here—eleven dollars a month and his keep. Yet he stays willingly for be it known that good and clever as he is, he has a "strong weakness" for drink that now and again puts him out of commission. Payday and big days are dangerous times for him (and for us in so far as we may have to get our own dinner). But we put up with it and he puts up with our shortcomings, so that he will probably be with us for many moons.

The next personage in the kitchen is Paehlawan, a young Mohammedan boy of fifteen or so. A treasure is Paehlawan, one of those mortals who seem to be naturally nice and polite, honest and willing, agreeable and capable. He is a staunch Mohammedan and although I do not see him making the prescribed prayers five times a day, there is no doubt that he faithfully observes the month of fasting. That month of fasting is no joke. It means that from sunrise to sundown for thirty days, no food or drink crosses the lips of the followers of the prophet. People sometimes scoff at the fast which allows people to eat as much as they like in the night, but I think if the scoffers will try keeping it and going about their regular work each day, they will change their ideas of it. Many people have tried to analyze the success of the religion of Mohammed as to its causes. It is no simple matter but one of the reasons of its continued hold upon the people is its stern demand for self denial in a few determined lines, this month of fasting being one.

Paehlawan is learning to read with the help of a catechist, and a very slow process it seems to be. He is a bright lad, but Indian methods of learning seem very cumbersome and leisurely according to our ideas. It is a contract job; when Paehlawan can read in the third book, the catechist gets ten rupees—about three dollars and sixty cents. It takes up the spare time of the two kitchen boys to labor over their reading and writing books, sitting under the vine that shelters the kitchen veranda. Paehlawan is what is called a "bearer" in these parts; he waits upon the table, conveys trays to the nurses, dusts the parlor and ushers in visitors and private patients and does many other small duties.

His partner in the kitchen work is Joseph. Joseph washes the dishes and is the general factotum. He can whitewash a room or wash windows or take on the cooking when the chef is *hors de combat*. He goes forth on the bicycle on various errands. Like the dove from the ark, he eventually returns with the olive branch required, but only after a very long interval. I think he has various cronies whom he visits in the city or elsewhere on such occasions. He is a quaint fellow. Joseph, a poor waif who tumbled up more or less, but he can read a bit and has a taste for musical instruments and gold watches of doubtful value. He is a Protestant, but sometimes has a fancy to call himself a Mohammedan and play at keeping Mohammedan religious observances.

The women servants number three and they are occupied in cleaning the house and work of various kinds. One is Chennee, a Mohammedan widow with an only son. A year or so ago, when the Age of Consent Law raised the marriage age throughout India, Chennee was one of those who hastened to marry off her eleven-year-old son to some damsel of equally mature years before the law made this a punishable offense. Shortly after, the bridegroom fell ill and his mother carried him in her arms to the dispensary for treatment. Chennee too is a devout Mussulman and can be seen devoutly contemplating and prostrating to the West several times daily. She can work very well, but she has various dodges for making life easy when no one is watching.

Summer Visitors at the Medical Mission House, St. Anthony's High School, Washington, D. C.

Karim Nur is another widow who works a bit, doing small chores at night. She is half or three quarters an invalid, but having once been a patient in the hospital for some weeks, and having neither chick or child, we made shift to find her a job and gave her a house in the compound. She, too, is a devout Mussulman and her greatest possession is a huge red-covered Koran. She will never be well, I think, but she will probably attend the funerals of a good many people who are now flourishing and end her days in the little corner she has found here.

But our chief treasure is Muli. Muli was born a sweeperess, the lowest of the law in India, condemned, *ipso facto,* to a life of objection and of nasty jobs. The more I see of Muli, the more I marvel at her. She has no particular religion apparently. At least, once I asked her and she replied, as if that ended the matter, "I am a low caste woman." For a sweeper may not enter a Hindu temple, being an unclean person, nor are they often Mohammedans. It is from this class that most of the Christian converts come in India (excepting conversions among aboriginal tribes). Well, as I said, Muli seems to have no religion particularly; she is poor, she works very hard in heat and cold at all sorts of dirty and unpleasant jobs. Her husband injured someone in a fight (and I have an impression that he drinks) and in consequence is in jail for a year. She is probably in debt for the expense of defending him. Now, with all this Muli is always cheerful and most obliging. You tell her to do this or that unpleasant thing and she absolutely beams and says *"Achcha, achcha!"* (Good, good) and tackles it at once. She works early and late and has to be reminded to go home. Many people impose upon her, but she is always cheerful and patient, no, joyful. A natural born Franciscan, you might say.

I suggested to her lately to move into the compound with her children and we would teach her the Christian religion. She said *"Achcha!"* as usual. So we shall see, God will be very good to poor Muli and her children, I think.

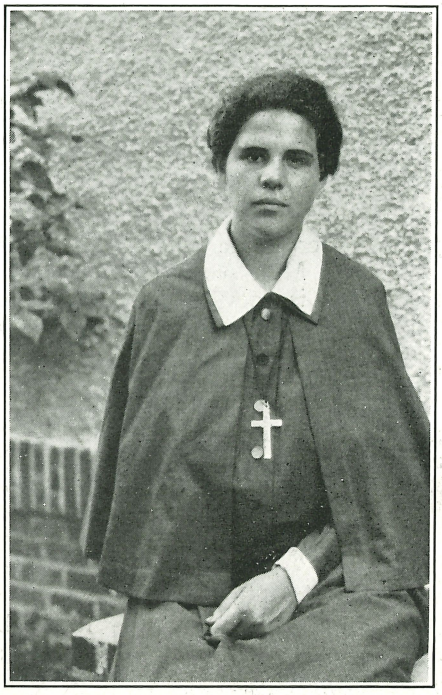
The article grows lengthy, I fear. You have heard of the *dhobi* (washerman) before, and the gardener and his young son deserve a special write up.

Addresses of Our Missionaries:

In the Punjab: The Holy Family Hospital, Murree Road, Rawalpindi, Punjab, India.

In Bengal: St. Michael's House, Segoon Baghan, Ramna Station, Dacca, Bengal, India.

THE SOCIETY AT HOME



Sister M. Eleanor

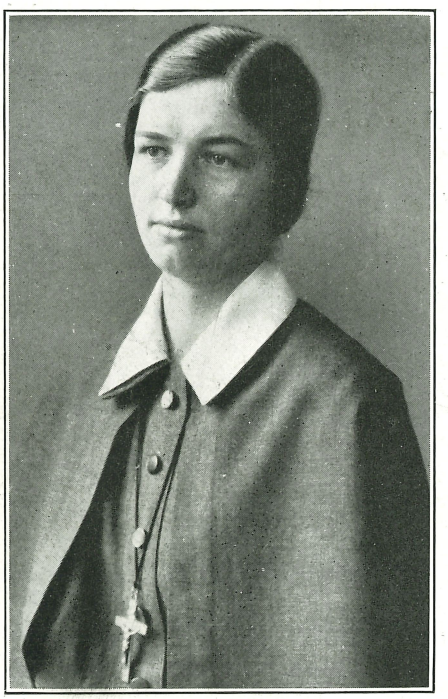
WASHINGTON

HOLLAND, which has in proportion to its population many more missionaries in the field than any other country in the world, has not failed even in this sixth year of our Society to come to the fore with two representatives. Our two Dutch candidates, Sr. M. Eleanor Lippits and Sr. M. Leonie Tummers made their solemn promise to observe the evangelical counsels and took the mission oath on the Feast of Our Lady's Nativity, September 8th.

Rt. Rev. Msgr. C. F. Thomas officiated and was assisted by Rev. John Delauney, C.S.C. V. Rev. George Marr, C.S.C., superior of the Foreign Mission Seminary of Holy Cross, was also present.

Sr. M. Eleanor graduated from St. Joseph's Training College, Bergen, Holland, and taught for two years in Bergen and Amsterdam.

Sister M. Léonie



Sister Alma Lalinsky

Sr. M. Léonie, who was born in Java in the Dutch East Indies and who spent her childhood years there, graduated from the Government High School in Middleburg, Holland.

The two new members have entered for a pre-medical course at Trinity College, which has again opened its doors to the Medical Missionaries.

Sr. Alma Lalinsky completed the pre-medical course at Trinity College last June and has entered the Woman's Medical College of Pennsylvania in Philadelphia. Sr. Alma is from Canton, Ohio, and entered the Society in September, 1927. She is the first member of the Society to study medicine.

Sr. Ann Harley, B. Sc., of Cork, Ireland, completed the pharmacy course at the George Washington University here and passed the State Board examinations of the District of Columbia in July.

A GLIMPSE INTO THE MEDICAL MISSION FIELD OF SOUTH AFRICA

By Dr. Victor Lebzelter, *Vienna*

DURING my two and a half year's stay in Africa, I visited fifty-eight mission stations of different denominations and came in close contact with the natives. Effective medical aid is not yet given to the natives. Although each district has a government doctor whose first task is to fight diverse contagious diseases, the long distances and difficult manner of traveling fill up his days so much that there is no time left for preventive medical work. Many private doctors are practising in these districts but the poor natives being unable to pay high fees are therefore almost entirely dependent on the native medicine men or witch-doctors. Happily, the women of South Africa use old-time herb recipes for the witch-doctor frequently has little success with his treatment.

Compared with other countries, South Africa is a very healthy land. Some parts of it rank even among the healthiest of the world, but it is not there that the missionary is working. He lives among the natives where conditions are as primitive as they were some hundreds of years ago. The greater number of the deaths is caused by diseases of an infectious character, especially plague. Much is done by the government to prevent the spreading of this disease and yet plague is widely spread throughout the land.

Building a Native Hut, Kalungo, Africa

Blackwater fever is also very common and the extremely bad hygienic conditions of the homes render it endemic. It must not be thought that the natives live in squalor; their huts are thoroughly cleaned every few weeks but soon again many insects of various kinds find their way back to the house, being carried chiefly by the inhabitants and their many guests. In olden times and even now in Ovumboland each farm had some separate huts for strangers but nowadays the poor natives seldom have a guest-hut. They open their homes to every one and most of the time their guests leave something behind. Thus the spreading of infection is very much to be feared.

The whole of Zuzuland, Swaziland, Rhodesia and part of Transvaal are ravaged by malaria.

Because South Africa is a plateau some three thousand feet above sea level, the temperature falls twenty degrees during the night. This predisposes the inhabitants to many respiratory diseases. Pneumonia and influenza of a dangerous type occur often.

Tuberculosis, however, is the scourge of the natives and more widely spread in South Africa than any other disease. It is on the increase as economic conditions are lower. Eighty percent of the children are underfed.

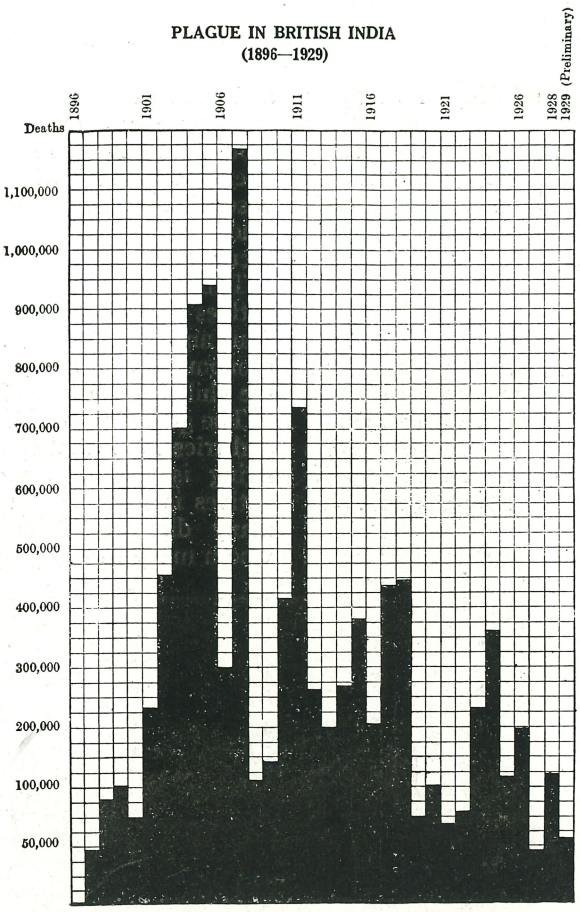
The government fights against all these diseases and tries to prevent epidemics but the standard of living is not improving. The poverty of the natives is extreme and poverty opens the gate to many diseases. The native medicine man on whom many of the people depend, as said before, is powerless against infectuous diseases. "The diseases which are brought here by the white men can only be cured by the white doctors," is often said. To treat their diseases is at this time most certainly the most effective way to win the hearts of the natives, especially if he feels that this help is given to him from real charity. But the work does not end with treatment. Hygiene should be taught and it would not be impossible to appoint a native public health inspector to every village if only the man in authority in the village would assure him of his co-operation.

Much remains to be done among the missionaries themselves. A new station should not be built without the doctor's advice being asked in choosing the place and in the construction of the buildings. Thus, it will never happen that in a malarial district a house is built near the water because the cattle can be watched more easily. It would be ideal if all missionaries—priests, brothers and sisters—before going to the field would take a course in simple medical aid and hygiene.

These are a few facts about the medical mission field of South Africa. Where mission doctors are working in the field, conditions are changed, but more than eighty percent of the South African missions do not yet receive *any* medical assistance.—*Wurzburg Year Book,* 1931.

BLACK DEATH IN BRITISH INDIA

PLAGUE entered India through Bombay in 1896, and rapidly got a foothold throughout the whole Presidency; by 1902 it had severely affected the Punjab, and a little later the United Provinces were involved. The disease reached its climax in 1907, when no less than 1,160,000 inhabitants of India died as a result of it. But since 1907, excluding a few exceptional years, there has been a continuous decline in the death-rate, and in 1929 the mortality from plague fell below 60,000. The gradual improvement which has taken place in the incidence of this disease is well demonstrated in the diagram, and some sanitarians believe that its complete disappearance from the country, as an endemic affection, may soon occur. Never since its introduction into the North of India has the incidence been so low during the first four months of the year as it was in 1930 in the Punjab and the United Provinces, which for many years past have been the worst plague-centers in India. And as the seasonal maximum of plague in these Provinces occurs in March and April, there seemed reason to hope, at the time of writing, that the year 1930 would establish a new record in the decline in the incidence of plague throughout the North of India.—*India* 1929-30.



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THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries is a religious community which was founded in September, 1925, with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore.

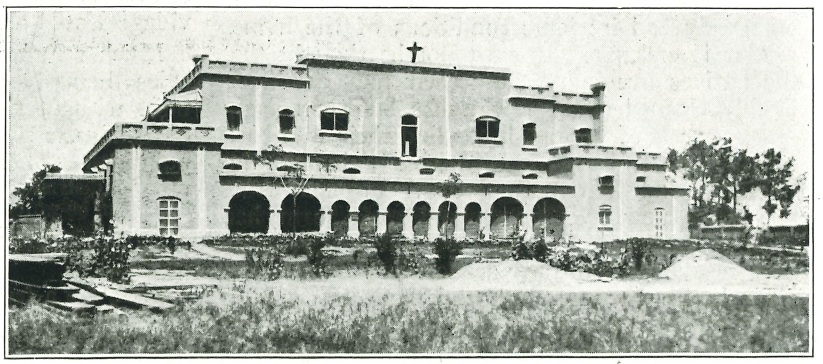
The purpose of the Society is to work for the spread of our Holy Faith and to help the sick in foreign mission countries through the establishment of hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and traveling dispensaries, and visiting the sick in their homes. Those who are desirous of devoting their lives to God in the service of the sick in the missions find ample scope for their generosity.

Three kinds of candidates are admitted: Those who are already professionally equipped as doctors, pharmacists, nurses, etc.

Young women who desire to take up medicine, pharmacy or nursing with the intention of devoting their professions to the care of the sick in the missions.

Those who have no medical training or do not wish to take it up, but who are desirous of helping with the non-medical activities necessarily associated with the work, such as secretarial work, housekeeping, etc. There is scope for every talent.

Address all enquiries to Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C.



HOLY FAMILY HOSPITAL, RAWALPINDI, INDIA